

## **Summary of Virginia Medicaid Managed Care Organization Quality Activities January 2002**

### **Background**

Virginia Medicaid Managed Care Organization (MCO) programs cover approximately 220,000 Medicaid recipients and 30,000 Family Access to Medical Insurance Security (FAMIS) children in 103 localities through Managed Care Organizations. The participating MCOs are: Sentara Family Care, Southern Health CareNet, Trigon HealthKeepers Plus, Trigon HealthKeepers, Inc., Trigon Peninsula Health Care, and Trigon Priority Health Care, UniCare of Wellpoint, and Virginia Premier Health.

As a result of the participating health plans' efforts, we have seen:

1. An increase in provider access as the plans encourage commercial providers to accept Medicaid patients;
2. An increase of administrative services offered to recipients at no additional costs to the Department;
3. Improved health and quality outcomes; and,
4. Significant cost savings to the Commonwealth.

### **Status of Quality Activities for Virginia's Medicaid Managed Care Organizations**

As part of the MCO compliance process, the Department conducts independent studies and assessments to evaluate the plans. A compilation of activities is below.

#### **National Committee on Quality Assurance (NCQA) Ratings of Virginia's Medicaid Managed Care Organizations (MCO) as of December 31, 2001:**

<b>MCO</b>	<b>Access and services</b>	<b>Qualified providers</b>	<b>Helping members stay healthy</b>	<b>Helping members get better</b>	<b>Helping members live with illness</b>	<b>Overall rating</b>
<b>Sentara</b>	◆◆◆◆	◆◆◆◆	◆◆◆◆	◆◆◆	◆◆◆	<b>Excellent</b>
<b>Peninsula Health Care</b>	◆◆◆◆	◆◆◆◆	◆◆◆◆	◆◆◆◆	◆◆◆◆	<b>Excellent</b>
<b>Priority Health Care</b>	◆◆◆◆	◆◆◆◆	◆◆◆◆	◆◆◆	◆◆◆◆	<b>Excellent</b>
<b>CareNet</b>	◆◆◆	◆◆	◆◆◆	◆◆◆	◆◆	<b>Commendable</b>

**Evaluation of Virginia's Medicaid Managed Care Organizations January 1, 2000 to December 31, 2000; Keystone Peer Review Organization, Inc.**

- All Virginia Medicaid MCOs exceeded requirements for preventive health services, special population services, and appointment time standards;
- All Virginia Medicaid MCOs were compliant in regards to primary care provider and specialists to recipient ratios; and,
- All Virginia Medicaid MCOs were compliant with the Department of Medical Assistance Services (DMAS) standards for using Best Practice Guidelines.

**Findings from the Health Care Financing Review Virginia's Medicaid Managed Care Waiver Independent Assessment Report, George Mason University Center of Health Policy Research & Ethics - June 2000**

- The number of recipient complaints dropped from 11.2 per 1,000 recipients in 1997 to 0.6 per 1,000 recipients in 1999. In calendar year 2000, this number rose to 3.1 per 1,000 due to managed care expansion efforts.
- Medicaid MCO activities reduced neonatal intensive care unit use, increased WIC enrollment, increased prenatal care visits, and reduced pre-term births.
- Compliance with the Early and Periodic Screening Diagnosis Treatment (EPSDT) schedule increased from 59% in 1998 to 72% in 1999. In calendar year 2000, this number rose to 75%.
- MCO disease management activities resulted in:
  - A shift in recipients with Stage II Hypertension to Stage I
  - A decrease in asthma inpatient admissions and emergency room visits
  - Increased number of diabetics receiving retinal eye exams
  - Increased number of recipients receiving timely follow-up after a mental health admission.

**Measurement of Key Performance Indicators by Virginia's Medicaid Managed Care Organizations using Health Employer Data and Information System (HEDIS) Measures and evaluation of encounter data results include the following:**

- One plan reported an increase in the percentage of children and adolescents who were fully immunized by ten percentage points over a three-year period.
- One plan reported an increase in the percentage of diabetics with annual monitoring for nephropathy by approximately twenty percentage points over a three-year period.

- One plan reported an increase in the percentage of 15-month-old children with six or more well-child visits by approximately ten percentage points over a three-year period.
- One plan reported an increase in the pre-term birth weight from 19% in 1997 to 2.5% in 2001.
- One plan reported an increase in the percentage of children between the ages of 12 and 24 months who saw their primary care provider from 93% in 1998 to 99% in 1999.
- One plan reported an increase in the percentage of children between the ages of 12 and 24 months who saw their primary care provider from 87% in 1998 to 93% in 1999.
- One plan reported a 20% increase in the number of pregnant women receiving prenatal care in the first trimester of pregnancy.
- One plan reported an 11% decrease in asthma related hospital admissions.
- One plan reported that 20% of diabetic patients are being monitored for kidney problems.
- One plan reported that 23% of participants with coronary artery disease report a decrease in hospitalization.
- One plan reported 37% of participants in an asthma control program decreased or ceased ER visits.
- All plans report increases in well child and immunization visits.
- All plans reported an increase in dental utilization over Medicaid fee-for service.

**Results from the Virginia Quality Assessment Studies of Childhood Immunization and Prenatal Care FY 1998 and FY 1999; George Mason University Center of Health Policy Research & Ethics. June 2000.**

- The percent of fully immunized two-year old children (Vaccine series 3:3:1) in Medallion II was 81% in FY 1998 and 88% in FY 1999.
- The percentage of pregnant women who began prenatal care in the first trimester of pregnancy was 69.5% in FY 1998 and 69.2% in FY 1999.
- Approximately 83% of infants born in both FY 1998 and FY 1999 were normal weight at birth.

These findings are an improvement over Medicaid fee-for-services.

## **National Recognition – Improving Birth Outcomes**

One of the Virginia Medicaid MCOs was named one of ten Medicaid MCOs across the country according to The Center for Health Care Strategies, Inc. Managed Care Best Practices Initiatives for Improving Birth Outcomes, 2001. Their activities included:

- Enhancing the Call Management System to direct pregnant women to a maternity case manager,
- Updating the home visiting program, called Resource Moms,
- Enhancing the ability to identify and track pregnant recipients,
- Developing a new outreach program for a childbirth educator to visit offices with high volumes of pregnant members.

Another Virginia Medicaid plan won Best Practices award from the National Association of Health Plans for the development of a medical/social pre-natal program, which increased pre-natal visits and decreased pre-term birth weights.

## **Other Quality and Administrative Benefits from Virginia's Medicaid Managed Care Organizations**

- MCOs provide 24-hour access through nurse triage lines that are not provided in Medicaid fee-for-service. This prevents inappropriate ER visits.
- MCOs provide patient education and member information not provided in Medicaid fee-for-service. This enhances recipients access to and quality of services.
- MCOs perform provider credentialing to ensure that network providers meet commercial network standards. DMAS does not currently credential Medicaid providers in the fee-for-service (FFS) programs.
- Medicaid MCOs use nationally recognized performance measurements to ensure the quality of care. DMAS does not calculate these performance measures in the FFS programs.
- MCOs provide outreach and health education services to enrolled recipients to address medical/social issues e.g. diabetic counseling, nutrition, and smoking cessation. DMAS does not perform these functions in the fee-for-service programs.
- MCOs provide enhanced benefits, such as adult vision and dental care; these benefits are not provided to adults in the FFS programs.
- MCOs provide case management for the special needs population. This is not provided in the FFS programs.
- Medicaid MCOs have disease management programs, which improve the health outcomes for participants.

The capitation fees paid to MCOs by DMAS is less, in the aggregate, than the cost of providing medical services only to recipients in the FFS programs. The Virginia Medicaid Managed Care Organizations (MCOs) perform the additional administrative services regardless even though the expense for these services is not included in their capitation payment.

DMAS and all the citizens of the Commonwealth benefit from the improved outcomes and increased services at reduced costs provided by the Medicaid MCOs.